



Improving Access to Quality Health Care for Agricultural Workers in the Central Valley, California

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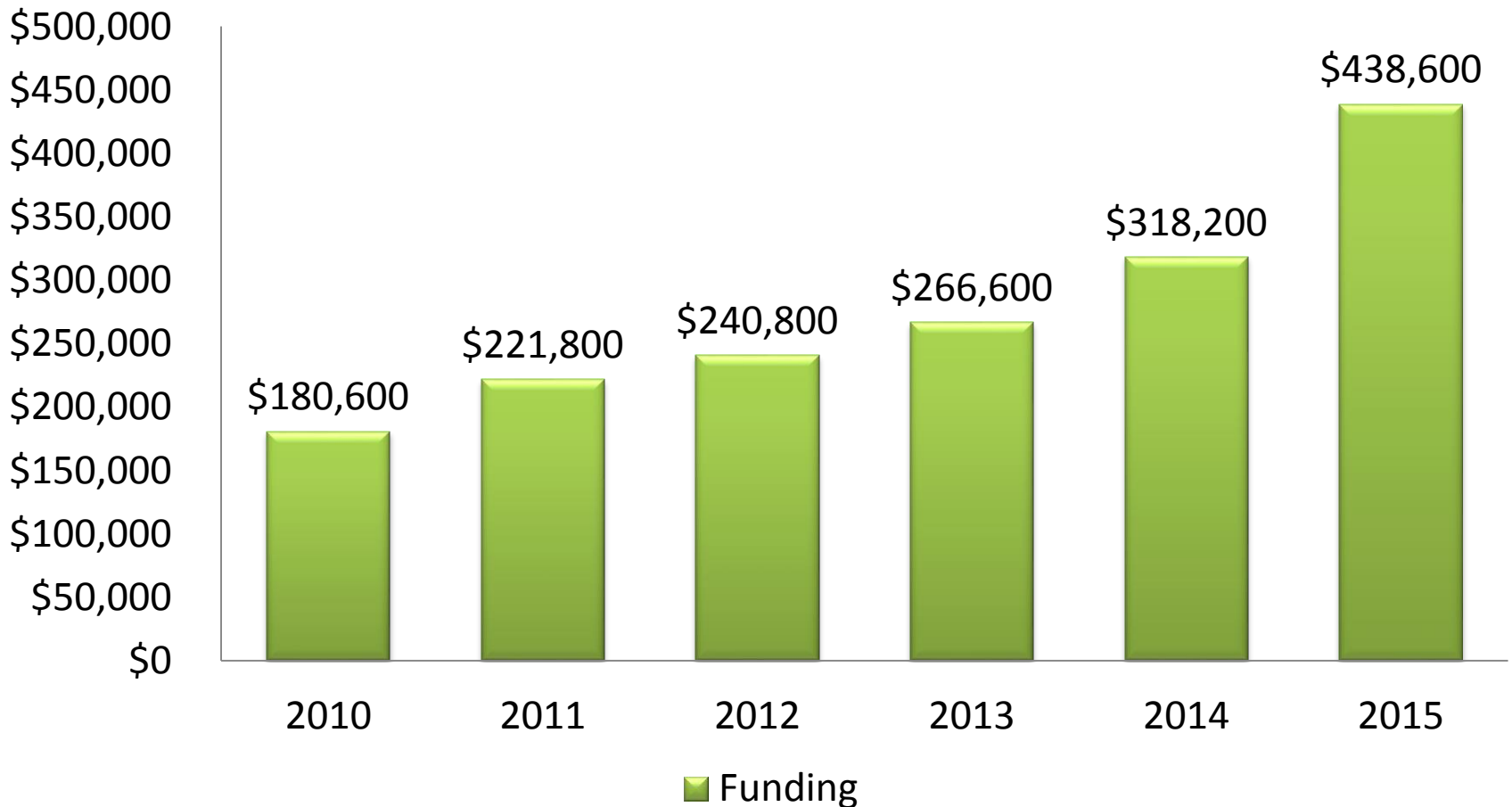
CVHN Annual Conference

April 5, 2016

Presentation Outline

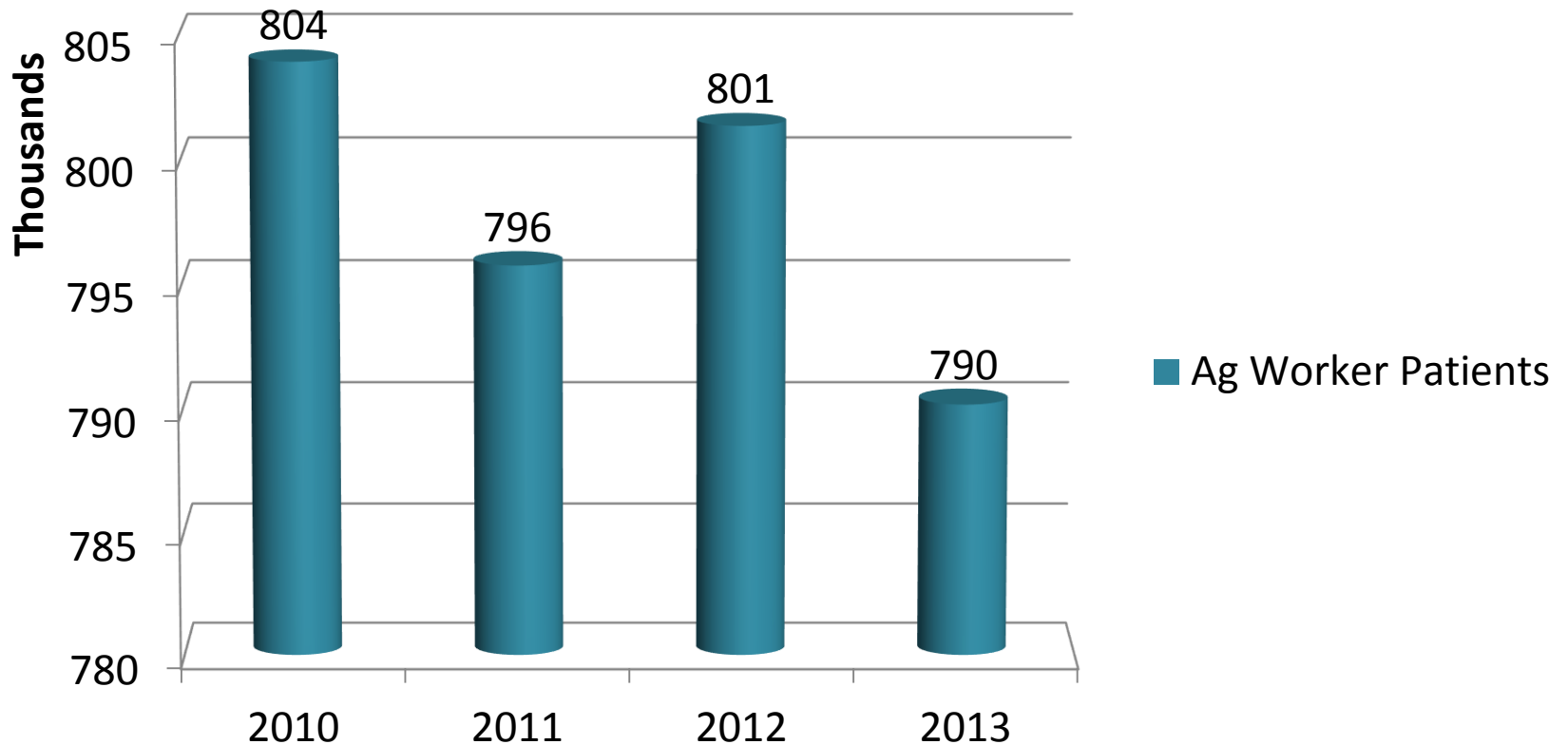
- Background: Setting the Stage
 - Current Status of Funding and Users Served
 - 2012 HRSA Reinterpretation of Agriculture
 - Barriers & Challenges
- Solutions
 - CVHN Partnership with National Center for Farmworker Health to provide training
 - Training programs held in March and May of 2015
- Results
 - Lessons Learned
 - Camarena Health
 - Livingston Community Health

Migrant Health Funding (ACA Trust Fund 8.6% Proportion)



Ag workers served by 330g funded MHCs

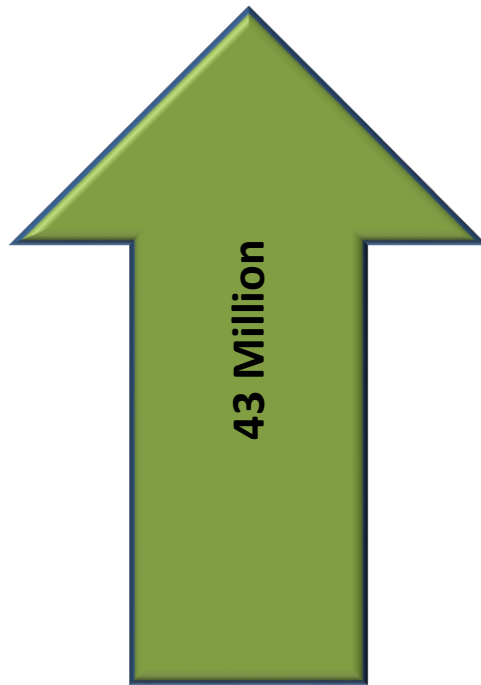
Ag Worker Patients



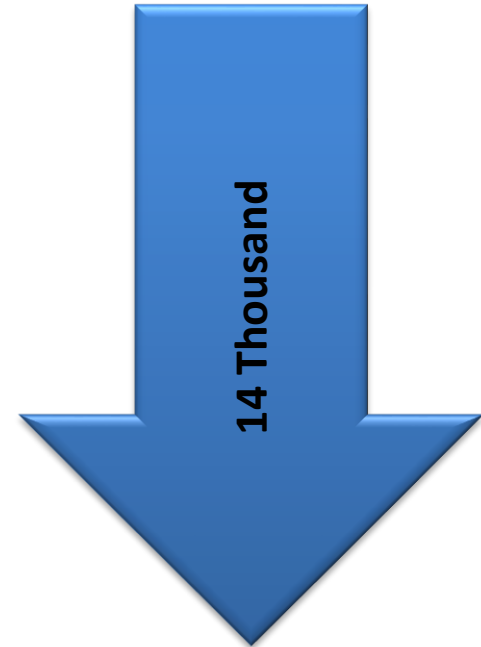
CHCs served a yearly average of 74,000 Ag Workers

2010-2013

330 g Funding

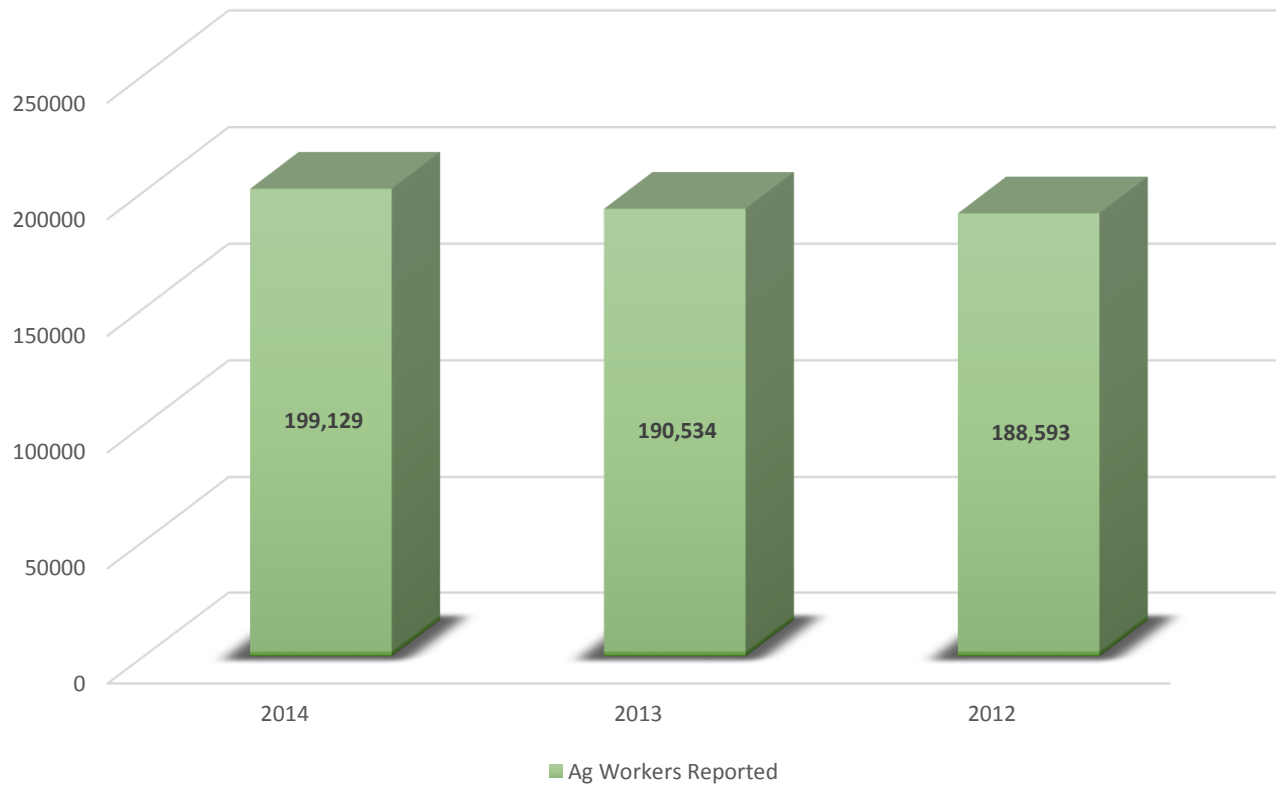


MSAW Patients



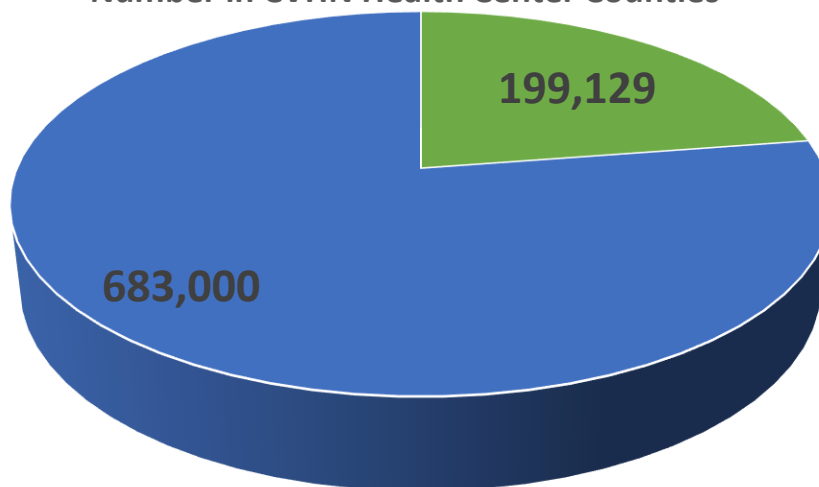
Ag workers served by CVHN Health Centers

CVHN Health Centers



But, when we look at the total population...

Number Served by Health Centers vs. Estimated Total
Number in CVHN Health Center Counties



There are an estimated 630,000 Agricultural Workers and their Families Residing in the communities served by CVHN health Centers. In 2014 health centers reported a total of 199,129 Ag Workers served which represents only 31% of the total population.

Barriers and Challenges

- Need for clear policies and procedures
- Need for clarity, understanding and training at front desk and turnover of staff
- Asking the right questions in the right way with sensitivity to literacy levels and culture
- Competition for Limited Primary Care among newly insured

HRSA's 2012 Reinterpretation of Ag

UDS Manual December 1, 2012

Version 1.133

“For both categories of workers (Migratory and Seasonal), the term ***agriculture*** means farming in ***all*** of its branches as defined by the OMB-developed NAICS, and includes seasonal workers included in the following codes and all sub codes within: 111, 112, 1151, and 1152”

What Does this Mean?

- It means that the restrictive language from the previous years' UDS guidance has been removed and now, the UDS language matches the Legislation: "Agriculture means Farming in ALL of its Branches" including cultivation and support activities** for production of animals including:
 - cows,
 - horses,
 - pigs,
 - fish and seafood
 - fur bearing animals such as rabbits
- **Please note that Support Activities is NOT a new addition, and applies to all branches of farming including horticulture

What Does this Mean for CA?

- Current CHCs with animal husbandry and cultivation in their communities can now be recognized as having “agricultural worker” populations sufficient to support an application for PHS 330 G funding.
- Current MHCs may be able to expand the number of “agricultural workers” that they are currently reporting in the UDS if they are properly identified
- Both may be able to serve additional Ag Workers

Other Often Overlooked Points in Identifying Ag Worker Patients at the Front Desk

Definition:

- Seasonality is not defined in the legislation, and is often defined unnecessarily narrowly
- “Principal Employment”
- The last 24 months – does not mean that they must have been doing it for the last 24 months
- Aged and Disabled Former Migratory Workers and their Families

Industries:

- Packing and Processing and Transportation to Market
- Christmas Tree Farming

Overlooked Points...Continued

Policies and Procedures

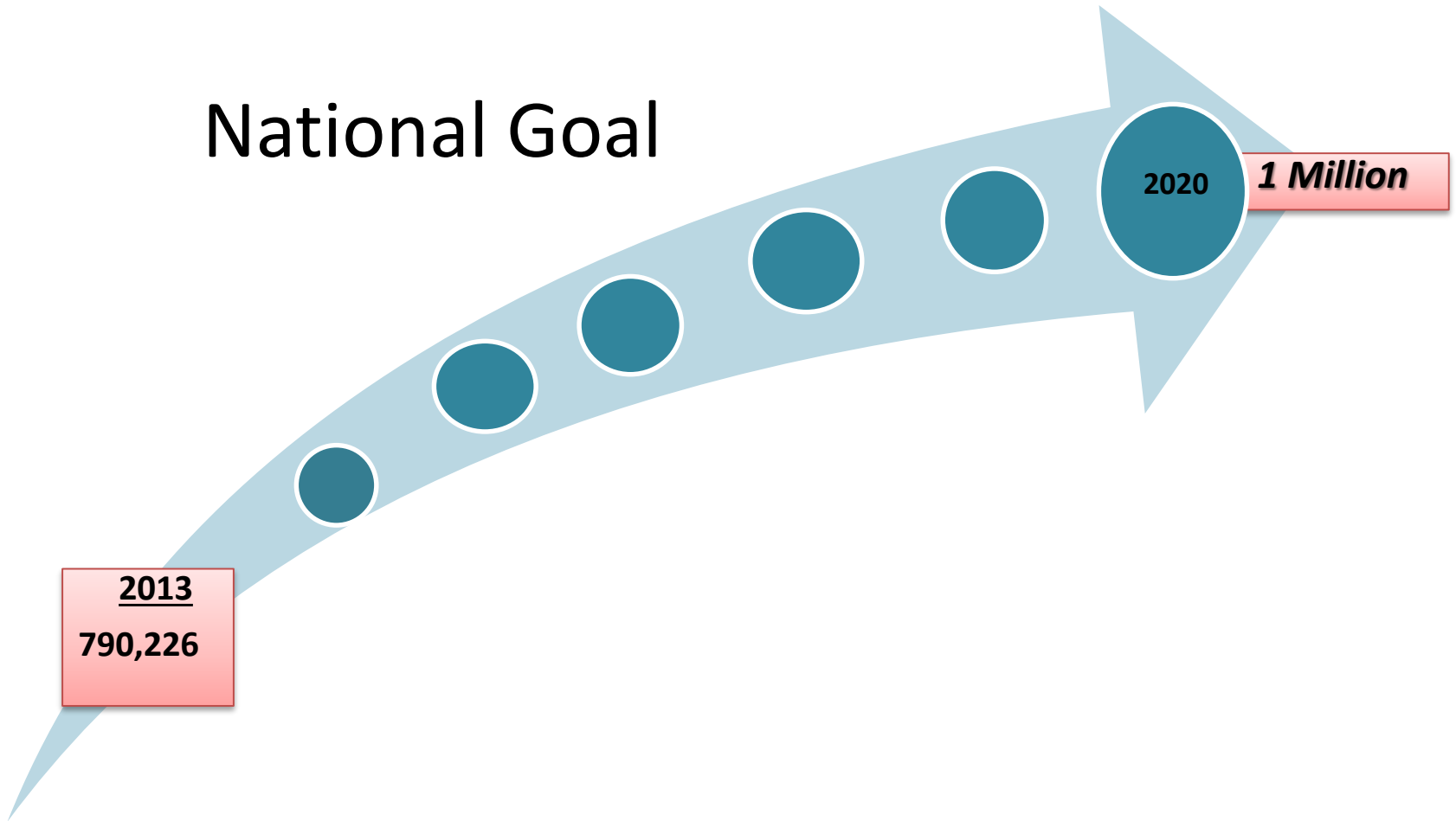
- Migrant Health is not an insurance category
- Self Declaration - of income and ag worker status is allowed by HRSA. You must have a policy.
- Accountability and Reporting - All presenting patients can be CHC patients

Clinical Implications

- Tie identification to the EMR to provide optimal treatment and establish a check and balance system for identification

Ag Worker Access 2020 Campaign

National Goal



Campaign Strategies & Approaches

Strategies

- I. Insure accurate ID and Reporting
- II. Increase access to Quality Care
- III. Build Capacity to Sustain Growth

Approaches

- I. Appointment of Campaign Task Force
- II. Building a network of supporters

Solutions

Regional Training – Provided by the National Center for Farmworker Health March and May of 2015

- An Orientation to Agricultural Worker Health
- Demographics, Housing, Occupational/Environmental Risks, Regulations, FW Health Issues and Barriers, MH Structure, Policy and Service Delivery
- FW Identification, Registration and Verification
 - Why Important?
 - Health Center Responsibilities
 - Classifications and Definitions
 - Qualifying Tasks, Industries & Exclusions
 - Key Questions and Case Studies
- Eligibility Process: Tools and Resources
 - Registration Form Review
 - Policies and Procedures Review
 - Tools for On-going Support
- Tools for on-going Training and Support
 - Review of Train the Trainer Materials

Results

Lessons Learned – Camarena Health and Livingston Community Health

- Identify two or three things you learned at the NCFH training sessions.

❖ Camarena Health

- Based on the demographic of patients that we were seeing on a daily basis in comparison to our Migrant/Seasonal report it was apparent that we were not capturing accurate data.
- We had a disconnection on the true definition of Agricultural worker.
- Our front office staff was not accurately capturing dependents of agricultural workers or retired/disabled agricultural workers.

❖ Livingston Community Health

- Who we trained was important
- Official Migrant/Seasonal/Agricultural Worker Definition
- Who Qualifies - Clarification

Results

Lessons Learned

- Share the specific changes your health center made as a result of the training program, include a couple of bullet points on the process at your health center for implementing these changes.

❖ **Camarena Health**

- Educated and trained staff on the true interpretation of agricultural worker.
- Provided an informal test at the end of each training in addition to role playing on different patient scenarios on how to identify and code patient status accurately.
- Modified questions on patient registration form to encompass all aspects of agricultural work.
- Assigned a staff member to conduct internal audits from our Migrant/Seasonal report for patients who were categorized as unknown/other.

Results

Lessons Learned

- Share the specific changes your health center made as a result of the training program, include a couple of bullet points on the process at your health center for implementing these changes.

❖ Livingston Community Health

- Trained Key Staff to Lead Effort
- Standardized Processes Across All Sites
- Changed Way of Asking Questions
- Field Options within Practice Management System

Results

Lessons Learned

- What are your results? Has your health center increased the number of Ag workers and/or families, if so by how much?

❖ Camarena Health

We saw immediate progress on our Migrant/Seasonal report after implementing the education and training of staff.

In 2014 we only captured 9,206 of agricultural workers. At the end of our 2015 reporting year we captured 15,721 Migrant/Seasonal Workers, **which is a growth of 59%.**

❖ Livingston Community Health

In 2014 we captured 5,363 agricultural workers. In 2015 we reported 6920 Migrant/Seasonal Workers, representing a **30% increase over numbers reported in 2014.**

Questions???